Dept. Health, Educ., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42034 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11398

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [x] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [x] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Carrie Ellison Geitner Home — Length of stay in 1b	d. STREET ADDRESS 5000 S. Broadway Carrie Ellison Geitner Home — Reside on Farm Yes [ ] No [x]

3. NAME OF DECEASED (Type or print)	First: Emma	Middle:	Last: Gruen
4. DATE OF DEATH	Month Day Year: Nov. 27, 1957		

5. SEX	F
6. COLOR OR RACE	W
7. MARRIED [ ] NEVER MARRIED [x] WIDOWED [ ] DIVORCED [ ]	Never married
8. DATE OF BIRTH	Dec. 21, 1873
9. AGE (In years last birthday)	83yrs
IF UNDER 1 YEAR (Months, Days) / IF UNDER 24 HRS. (Hours, Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Spinster
10b. KIND OF BUSINESS OR INDUSTRY	Home
11. BIRTHPLACE (City and state or country)	?
12. CITIZEN OF WHAT COUNTRY?	?
13a. FATHER'S NAME	Gruen
13b. MOTHER'S MAIDEN NAME	?
14. NAME OF HUSBAND OR WIFE	None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	No
(If yes, give war or dates of service)	None
16. SOCIAL SECURITY NO.	None
17. INFORMANT / Address	Mr. Frank Neun — Carrie EllisonGeitnerHome

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterio-sclerotic cardio vascular disease — Arteriosclerotic cardio vascular disease — INTERVAL BETWEEN ONSET AND DEATH: several years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 422.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [x]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 18 Nov. 1957, to 27 Nov. 1957 and last saw her alive on 26 Nov. 1957
Death occurred at 4:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robt. S. Nye (Degree or title) M.D. — Robert S. Nye, M.D.
22b. ADDRESS 3201 Arsenal St, St Louis Mo.
22c. DATE SIGNED 27 Nov. 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 29, 1957
23c. NAME OF CEMETERY OR CREMATORY St. Mathews Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar
25. DATE RECD. BY LOCAL REG. NOV 27 57
26. REGISTRAR'S SIGNATURE Earl Smith MD — mgB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. ...securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Dr. Nze Pr 2-2754
3201 Arsenal
Pr 2-2754
till 3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signed Jos. E. McCulloh
Signature of Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.